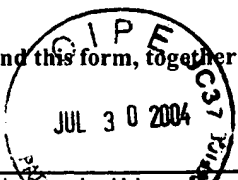


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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<u>Pamela Hollander</u>	(Depositor's name)
<u>Pamela Hollander</u>	(Signature)
<u>July 30, 2004</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/034,819	12/27/2001	Atli Thorarensen	00494.US1	1479
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TITLE OF INVENTION: THIOXAZINOQUINOLONES AS ANTIVIRAL AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1330	\$300	\$1630	09/24/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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LAMBKIN, DEBORAH C	1626	514-230200
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Lucy Yang
- 2 Bryan C. Zielinski
- 3 Peter C. Richardson

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Pharmacia & UpJohn Company, Kalamazoo, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) <u>Matthew J. Pugmire</u>	(Date) <u>July 30, 2004</u>
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